

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. *462796* FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL DEP. | 34 | ← | 15 | ← | ← | → |
| TOTAL CLAIMS | 52 | 3 | | | | |

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| TOTAL IND. | | | |
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